



1497 Rec' PCT/PTO 13 FEB 2006
37389-404000

#4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gerry DONOHOE et al

Serial No.: 10/530,264

Filing Date: April 5, 2005

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CHARACTERIZATION AND NON-INVASIVE
CORRECTION

TRANSMITTAL LETTER

Mail Stop: Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please find enclosed the following documents pertaining to the above-referenced application:

1. Fee Transmittal (in duplicate)
2. Executed Declaration for Utility or Design Patent Application
3. Power of Attorney
4. Duplicate Notice to File Missing Parts of Application
5. Check \$65.00 (Surcharge)
6. Certificate of First Class Mailing
7. Postcard

Please charge any additional fees to **Deposit Account No. 19-1351**. A duplicate copy of this transmittal is attached.

Please acknowledge receipt of the above by returning the enclosed stamped, self-addressed receipt postcard.

02/16/2006 ATRAM1 00000072 10530264

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65.00 DP

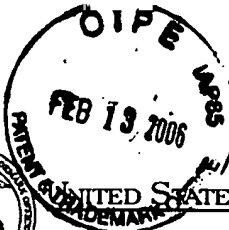
Respectfully Submitted,

Date: _____

2/14/06

Timothy J. Keefer, Reg. No. 35,567
SEYFARTH SHAW LLP
55 East Monroe Street, Suite 4200
Chicago, Illinois 60603-5803
Telephone: (312) 346-8000
Facsimile: (312) 269-8869

01 FEB 12 11:03



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UNITED STATES DEPARTMENT OF COMMERCE
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www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/530,264	Gerry Donohoe	37389-404000

INTERNATIONAL APPLICATION NO.

PCT/EP03/11201

I.A. FILING DATE

PRIORITY DATE

10/09/2003

10/09/2002

Timothy J Keefer
Seyfarth Shaw
55 E Monroe Street
Chicago, IL 60603-5863

RECEIVED

DEC 16 2005

SEYFARTH, SHAW

CONFIRMATION NO. 4692

371 FORMALITIES LETTER



OC000000016940523

Date Mailed: 12/12/2005

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495):

- Indication of Small Entity Status
- Copy of the International Application filed on 04/05/2005
- Copy of the International Search Report filed on 04/05/2005
- Copy of IPE Report filed on 04/05/2005
- Preliminary Amendments filed on 04/05/2005
- Information Disclosure Statements filed on 04/05/2005
- Oath or Declaration filed on 04/05/2005
- Request for Immediate Examination filed on 04/05/2005
- Copy of references cited in ISR filed on 04/05/2005
- U.S. Basic National Fees filed on 04/05/2005
- Priority Documents filed on 04/05/2005

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date. The current oath or declaration does not comply with 37 CFR 1.497(a) and (b) in that it:
 - is not executed in accordance with either 37 CFR 1.66 or 37 CFR 1.68.
- To avoid abandonment, a surcharge (for late submission of filing fee, search fee, examination fee or oath or declaration) as set forth in 37 CFR 1.492(h) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fees required for this application is \$65 for a Small Entity:

- \$65 Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

MAMIE P PERSON

Telephone: (703) 308-9140 EXT 227

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/530,264	PCT/EP03/11201	37389-404000

Fees subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

FEB 13 2006 for FY 2006

Complete If Known

Application Number	10/530,264
Filing Date	April 5, 2005
First Named Inventor	Gerry DONOHOE
Examiner Name	n/a
Art Unit	n/a
Attorney Docket No.	37389-404000

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$65.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Multiple Dependent Claims	
- 20 or HP = _____ x _____ = _____	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Multiple Dependent Claims	
- 3 or HP = _____ x _____ = _____	Fee (\$)	Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ /50= _____ (round up to a whole number) x _____ = _____

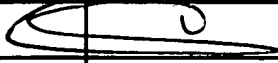
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Surcharge

65.00

SUBMITTED BY

Signature 	Registration No. 35,567 (Attorney/Agent)	Telephone 312-346-8000
Name (Print/Type) Timothy J. Keefer		Date 2/14/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AmericanLegalNet, Inc.
 www.USCourtForms.co

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete If Known

FEE TRANSMITTAL

for FY 2006

FEB 13, 2006

Application Number	10/530,264
Filing Date	April 5, 2005
First Named Inventor	Gerry DONOHOE
Examiner Name	n/a
Art Unit	n/a
Attorney Docket No.	37389-404000

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$65.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 19-1351 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 20 or HP = _____ x _____ = _____				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
- 3 or HP = _____ x _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____ /50= _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Surcharge

65.00

SUBMITTED BY

Signature

Registration No. 35,567
(Attorney/Agent)

Telephone 312-346-8000

Name (Print/Type) Timothy J. Keefer

Date 2/14/06

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